

THE LOUISVILLE MEDICAL NEWS:

A WEEKLY JOURNAL OF MEDICINE AND SURGERY.

EDITED BY

L. P. YANDELL, M.D., and H. A. COTTELL, M.D.

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CONTENTS.

ORIGINAL—	PAGE	MEDICAL SOCIETIES—	PAGE
Eye, Ear, and Throat. By W. Cheatham, M.D.....	81	New York Neurological Society.....	89
MISCELLANY—		CORRESPONDENCE—	
Choosing One's Father.....	83	Paris Letter.....	90
The State Sanitary Council.....	84	SELECTIONS—	
Why People Take Medicine.....	85	On Flat-foot and its Cure by Operation.....	92
Celery Chemin.....	85	Picric Acid as a Test for Albumen.....	93
The Pulse of Animals.....	86	Electrolysis in the Treatment of Dracunculus.....	94
The Beautiful Snow.....	86	Modified Glanders in Man.....	94
Specialism.....	86	Persistent Hiccough Treated by Chloral.....	95
Compressed Tablets for Preparing Fehling's Solu- tion.....	86	Dipsomania.....	95
Crystalline Oxygen and Liquid Nitrogen.....	86	Trichinosis.....	96
Nephrectomy.....	86	Treatment of Wens by Ether Injections.....	96
EDITORIAL—		The Nervi Nervorum.....	96
An Epidemic of Trichinosis.....	87	Aural Defects in School-Children.....	96
BIBLIOGRAPHY.....	88	Free Service.....	96
		ARMY MEDICAL INTELLIGENCE.....	96

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THE
LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, FEBRUARY 9, 1884.

Original.

EYE, EAR, AND THROAT.

BY W. CHEATHAM, M.D.

Lecturer on Diseases of Eye, Ear, and Throat, University of Louisville.

Acute diseases of the eye, ear, and throat being quite prevalent at this time, I have thought it well to give what has been in my experience the most satisfactory manner of managing them, through a report of a few illustrative cases.

On Christmas day I was called to see W. W., a banker, who had been suffering intensely for four hours with an earache. I found him almost in convulsions, rolling from one side of the bed to the other, while he tried to hold a poultice to the aching organ. The skin was hot and dry; temperature 103° . He had recently complained of a slight sore throat. On examining him I found an old granular pharyngitis, with an acute exacerbation. On looking into the ear I saw that the usual landmarks were obliterated by an acutely inflamed, bulging drum-head. There was no difficulty in diagnosing fluid in middle ear.

I advised a free incision of the drum-head to liberate this confined fluid, which was readily acceded to, as the patient was in no condition to argue the point. A medium-sized speculum was introduced, and with a small-bladed, long-shanked knife an incision was made which measured the full width of the drum-head vertically. Considerable blood and muco-pus escaped. The ear was now thoroughly cleansed with a gentle stream of quite warm water from a fountain syringe. In half an hour after I entered the house the patient was free from pain. I ordered morphine powders, one fourth grain each, to be taken during the night if neces-

sary. He passed a comfortable night without the opiate.

The following morning I found him quite easy. His temperature and skin were normal, and there was a slight discharge through the incision I had made. I ordered the douche to be continued, and gave him a powder of calomel and sodium bi-carbonate for an existing constipation.

The next day, the second after I first saw him, he called at my office, and though on examination the drum-head was found to be somewhat congested, the incision had healed. His hearing is still somewhat impaired.

The patient is now under treatment for the chronic pharyngitis and slightly remaining deafness. The result in this instance is not a rare one, but such as we obtain in a majority of similar cases when we are able to put them under treatment at the proper time.

On January 7th I was called hurriedly to see R. B. B., a commercial traveler, who, to use his own words, was "having a picnic" with an earache. He complained of great pain in the right ear, the area of pain extending over to the corresponding side of head. He had been suffering for several days, and had tried the usual remedies, such as laudanum dropped into the ear, poultices, etc., without relief. He had considerable fever and great thirst. A short time before I arrived he had taken some morphine, but without effect. On examination, I found some congestion of the pharynx and nasopharynx. The drum-head was intensely congested, but there was no bulging. It being inconvenient to use leeches, I ordered the hot-water douche to be repeated often during the day, promising to call again in the afternoon.

Before I could make my afternoon call I was telephoned to call again and in a hurry. I was not able to see him, however, until

two hours after the summons, when I found him in an agony of suffering. His symptoms were exactly like those reported in the previous case. Similar steps were pursued with similar results.

The patient took an opiate after the operation, without producing sleep, but was free from pain during the night. On the following morning I found him still comfortable, with the inflammation greatly reduced. I continued the douche. An early recovery may be looked for.

Helen B., aged 11; has had several times what her family called abscesses of the head. The night before I saw her had been passed in great pain. Neither poultices nor the usual ear drops gave any relief. I found her extremely nervous, and crying, "My ear! O, my ear!" Examination revealed perforation of drum membrane, with great congestion of the middle-ear lining. There was no discharge. After considerable persuasion she submitted to the hot-water douche, which almost instantly relieved the pain. I ordered it repeated before bedtime, and again in the morning.

On my morning visit I found that she had slept all night long, and that there was quite a free discharge from the middle ear. She is to report to the office for further treatment. This treatment is to be directed to the throat, to prevent a recurrence of the acute inflammation.

Nellie and Lulie B., sisters, reported at my office two or three weeks ago, with acute catarrhal conjunctivitis. One week later, Nellie, who had just returned from the East, called, having the same disease. The symptoms were great congestion of both ocular and palpebral conjunctivæ, with some discharge of muco-pus and excessive lachrymation. The patients complained of the usual rough, sandy feeling, and a burning sensation about the lids.

In such cases it is dangerous to begin the use of astringents too early, since this method of treatment may change the disease into phlyctenula, or herpes of the conjunctiva or cornea. The first indication is to put the eye at rest by means of some mydriatic. Atropia sulph. was used in these cases for one week, when an application of alum was made to the lids. The eyes were in the mean time bathed often with cold or warm water, either, as the patients might choose. Quinine and calomel were given internally.

These cases went on rapidly to recovery. The points to be especially noted in the

management of cases like the above are the happy results obtained from the prompt and continued use of the mydriatic, and the dangers of the too early use of astringents.

Mrs. W., new year's day, was suddenly seized with difficult breathing, complicated with loss of voice; the breathing was for some time very difficult, and her efforts when trying to take a full inspiration were distressing to the beholder.

The laryngoscope showed great engorgement of the mucous lining of the larynx and congestion of the vocal chords. I ordered the immediate use of steam inhalations, containing compound tincture of benzoin and turpentine; two teaspoonfuls of the former and one of the latter, in a pint of boiling water. Almost the first inhalation gave relief. The steam with the benzoin and turpentine was continued for four days, with a gradual discontinuance, until the patient was nearly well. She is now using the benzoic acid lozenges, with good results. Calomel and soda were also given in this case.

R. G., a schoolboy, came to my office in November last, complaining of nasal obstruction, with a very acrid discharge from the nose. I found the lining of the nose very much swollen, and covered with a membrane similar to that produced on the palpebral conjunctiva by the use of jequirity bean. The latter is said to be croupous in character. By spraying the nose with Dobell's solution, this membrane could be removed, by means of cotton on a holder, in quite large pieces. After trying for several days different applications with no effect, I continued the Dobell's solution, and after thorough cleansing insufflated a powder of boracic acid and bismuth subnit. equal parts. The result was most satisfactory. In a week or ten days the little fellow was discharged with all the more prominent symptoms of his case relieved.

Although I have recently several times called the attention of the profession to the ill effects of poultices applied to diseased eyes and ears, and to the beneficent results reached by the management of such cases under the course of treatment as referred to in this clinical report, I feel that, in again calling attention to these points, no apology is needed. The several cases mentioned in this report are of especial interest, in that they are types of affections which at this season of the year are of almost daily occurrence in the practice of the busy physician.

LOUISVILLE, KY.

Miscellany.

CHOOSING ONE'S FATHER.—Dr. Alexander Harvey, in the Medical Times, says:

I. Choosing one or other of two possible fathers; and being allowed by law the choice of either.

II. Choosing two fathers; and being by law allowed the choice of both.

Strange, nay, absurd these two headings may seem. On reading, however, the details which follow it will be seen, it is hoped, that there is substantial warrant for them—for the designations given to the cases about to be brought into view—the one a hypothetical yet a possible case; the other, one of actual occurrence.

I. Choosing one or other of two possible fathers.

A man dies—is cut off suddenly in the prime of life and in the full vigor of his powers. He leaves a young widow who has borne him two or more children, the younger or youngest being, say, sixteen months old. Losing no time in unavailing regrets, this young widow straightway marries another man—marries him, we will suppose, within two days after the death of her former husband. By-and-by she bears a child; and this child is born within such time as that by the laws of nature it may be the offspring of either husband. She may herself be unable to say which of the two is its father—quite unable to conjecture even which is the father. Physiologically, it may be impossible to determine the question. On the side of the child, there may be nothing in the way of resemblance to either husband to indicate that it was begotten by the one rather than by the other. Moreover, the circumstance of its having the features, or some of the features of the first husband would not, we know, be decisive as to the paternity.

As to this, it is now known, and indeed it is an accepted fact in physiology, that, by reason of the very intimate, albeit indirect vascular connection which obtains between the child while in the womb and its mother, and of the interchange of materials, effete as well as nutrient, continually taking place between the two through that medium, the infant may impregnate or inoculate the mother with the peculiarities, normal and abnormal, of its father. And thus it may happen, and often does happen, that in the case of a woman twice married and fruitful by both husbands, the children of the second marriage may, in not a few particulars

as regards both physical conformation and mental capacity and disposition, resemble the mother's first husband, and bear unequivocal traces of him. Many examples of this general fact are now on record. Let one suffice: One day a young woman residing in Edinburgh called on the late Sir James Y. Simpson in order professionally to consult him. He had never seen her before. Much struck he was, and not a little perplexed, at seeing in her very marked traces of the negro. On inquiry made of her, Sir James learned that her parents were both of them white people—Scotch, in fact—but that her mother, now respectably married to a butcher in Edinburgh, who was her father, had the misfortune while yet unmarried and a servant in a gentleman's family to be seduced by a negro, then also a servant in that family, and to have had a child by him, a mulatto.

This case is adduced simply in illustration of the agency of the child while *in utero* on the subsequent reproductive powers of its mother, and of the influence which that child may thus exert on the children its mother may afterward bear to a second husband. Beyond this, the case cited has no bearing on the question at issue. If taken, indeed, as bearing on a question of this sort, it would be decisive of the paternity. If, in the case of this young woman, there had been a question whether she were the offspring of a black or a white father, the circumstance of her not being a mulatto, but having traces only (however well marked) of negro blood, would make it clear that she was the issue of the white.

To revert now to the hypothetical case in hand, and assuming that there are no grounds of any kind, physiological, domestic, or circumstantial, for determining the real paternity of the child thus born into the world, Blackstone rules, that "it is more than ordinarily legitimate," and that on coming to the years of discretion it may choose which of the fathers it pleases. How important to it this question of choice might be one may readily imagine.

Whether, in a case otherwise so insoluble, if legally brought in question, and especially if involving the succession to a peerage or to some thousands of broad acres, our lawyers would be content to solve it by a rule as simple as that indicated by Blackstone may well be doubted.

II. Choosing two fathers; and being allowed by law the free choice, not of either but of both.

Some seven-and-twenty years ago, or thereabout, a case was before the courts at Westminster, and was eventually carried to the House of Lords, which very fairly warrants this other heading. A gentleman, who believed himself childless, and had no relatives he knew of or cared for, bequeathed a sum of over one hundred thousand pounds to the town he was born in to found an institution of art, science, and literature.

The will, however, was not allowed to go unchallenged. A female who had always been regarded, and had regarded herself, as the child of her mother's second husband, now stepped into court and affirmed that she was the lawful child of her mother's first husband. The testator was this first husband. He had been married to the claimant's mother; but just after, or shortly after or before the claimant's birth, he had been divorced from her—divorced in due form, yet not with all the requisite legal formalities.

This defect, or something arising out of it, was, I believe, what gave the claimant a *locus standi* in disputing the will. It was, as I have said, because the testator believed himself childless and heirless that he devised his estate in the way he did; and, peradventure, the expression in his will of that belief as a guiding motive with him in the disposing of his estate may, for aught I know or can now remember, have given strength to her position. Be this as it might—apart from her—the testator had no relatives that he knew of; and had he died intestate the Crown was understood to be *ultimus hæres*. As such it watched the case in its progress through the several courts into which from time to time it passed. As we have seen, the claimant had never before considered herself the testator's child, neither had her mother nor any one else; and, on the presumption of her being the issue of her mother's second husband, she had already inherited an ample fortune. I have no recollection now of the pleadings in the several courts, or of the decisions pronounced; it will suffice to state that the case passed on to the House of Lords, and that on behalf of the party intended by the will to be benefited, the services of the late Lord Westbury—then Attorney-General—were secured, with a retaining fee of eight hundred guineas.

Fortunately, or unfortunately, on the eve of its being called in the House of Lords, the case was settled by compromise, without the question of paternity being there

raised and determined. The town thought it better to get something rather than run the risk of losing all.

Thus possible is it in law, or by the favor of law, or at least with the concurrence of law, not only to choose one's own father, but to choose and be allowed two, and to derive very substantial benefit from both.

In choosing and being allowed the choice of *this* father, ought not the claimant to have been called on to renounce the other, and in doing so disgorge all that she got by him? Her not being required to do this fully justifies, I humbly think, the heading given to this singular case. Nay, ought she not, in honor and justice, to have herself arranged beforehand that in the event of her being allowed, whether formally or informally, to be the child of her mother's first husband, and as such to take out of his estate the amount she did, she would hand over to the heir or the heirs at law of her mother's second husband, whom once she considered her real father, what she derived from him?

THE STATE SANITARY COUNCIL.—The State Sanitary Council, under the auspices of the State Board of Health, will meet at Bardstown, Kentucky, on Wednesday and Thursday, March 26 and 27, 1884.

The object of the Council is to bring together representative men of the State of every profession, who are interested in sanitary reform, for a comparison of views and the discussion of methods relating to the prevention of diseases.

At each session there will be addresses or papers in a popular form on subjects of general interest in connection with the public health, each address or paper to be followed by a discussion of the subject treated.

Officers of the Convention: President, Dr. J. A. Dixon, Burksville; Vice-Presidents, Hon. Lud. McKay, Bardstown, Dr. J. F. McElroy, Bowling Green, Prof. Grinwell, Bardstown, A. R. Carothers, Esq., Bardstown, G. W. Spalding, Esq., Bardstown, William Samuels, Esq., Bardstown, William C. Hart, Esq., Bardstown, Dr. J. M. Harwood, Shelbyville, D. J. Wood, Esq., Bardstown, Dr. W. W. Cleaver, Lebanon; Secretary, Dr. J. N. McCormack, Bowling Green; Committee of Arrangements, Dr. Alexander Crawford, Bardstown, Dr. C. P. Mattingly, Bardstown, Dr. John Hickman, Bardstown; Committee from the State Board of Health, Dr. J. W. Holland, Louisville, Dr. Pinckney Thompson, Henderson.

Among the subjects which it is expected will be presented and discussed are the following:

Address of Welcome, by Dr. Alex. Crawford, Chairman Committee of Arrangements.

An address by the President of the Council, Dr. J. A. Dixon.

The Prevention of Contagious and Infectious Diseases.

Adulterations of Food and Medicines.

The Sanitary Problems of Bardstown.

The Relation of the Press to Sanitary Work.

The Relation of Teachers to Sanitary Work.

The Relation of Physicians to Sanitary Work.

The Physical Dangers of Alcoholic Beverages.

School Hygiene.

Ventilation.

Sewerage.

Disposal of the Dead.

It is expected that the papers presented will be original contributions, and that when read they will become the property of the Council.

You are invited to present a paper on any of the above, or some other sanitary subject, and if you will do so you are requested to notify the Secretary as early as possible, that you may be given a proper place on the programme, which will be issued before the time of meeting.

There will be a session the first day at 7.30 P.M., and on the second day at 10 A.M., 2.30 P.M., and 7.30 P.M.

The best possible arrangements will be made for reduced rates of travel on railroads.

Admission to all sessions of the Council will be free, and all persons who desire to live long and keep well, or to assist others in doing so, are cordially invited to attend.

For further information apply to the Committee of Arrangements, or address Dr. J. N. McCormack, Secretary, Bowling Green, Ky.

WHY PEOPLE TAKE MEDICINE.—Dr. Crofts, in the British Quarterly Review, explains this as follows: It is to be feared that, to most people, medicine is not an erudite science, or a learned art, but is little more than the commonplace administration of physic. They can not understand medicine without drugs, and its virtue and power are popularly measured by the violence of its operations. Its very name is, in ordinary parlance, synonymous with

physic. Take away its pills and potions, and for them you take away its whole art and mystery. They do not believe in a scheme of treatment, however deep-laid and skillful, which does not include a certain statutory dosage; so that, as a rule, medical men are practically compelled to give their patients a visible object of faith in some form of physic, which may be at most designed to effect some very subordinate purpose. And it is remarkable how strongly, even among the educated classes, this feeling prevails. Cure by the administration of mixtures and boluses is so fixed and ancient a tradition that it is only very slowly that the world will give it up. The anxiety of the friends of the patient wants to do more than follow the simple directions of "nursing," which have been so carefully inculcated, and possess, apparently, so little remedial power. There is nothing of the unknown about them in which a fluttering hope of great advantage can nestle. Thus it is necessary to educate the world into a belief in medicine, apart from drugs, which finds its power of curing in adaptations of the common conditions of life and applications of physiological facts—a medicine which takes into its hands the whole life, and orders and fashions its every detail with scientific definiteness. It is found in every-day practice that this popular misunderstanding of the modern spirit of medicine constantly checks the little tentative advances of a more scientific treatment, and it is necessary that it should be generally understood how powerfully the various processes of the economy may be effected by the manipulation of the condition of common life.

CELERY CHEMIN.—The London Garden says of it: Curiously enough, although this celery was raised in 1875, it seems not to have been heard of, until quite recently, outside of the market-gardens and markets of Paris. The leaf-stalks are naturally white and tender; so that no earthing-up is required in raising it. It can therefore be raised almost as cheaply as cabbages. The raiser simply contented himself with growing it largely himself, and distributing it among neighbors; but so quickly did the Paris market-gardeners recognize its merit, that, at the present time, scarcely any other kind is brought to market. We may therefore safely assume that the merits of this celery have been thoroughly proved, for Paris market-growers, like their English brethren, are slow to welcome novelties, and never grow any

thing largely until they have abundant proof of its worth. The quality of this celery is said to be first rate, being tender and of fine appearance. It is also a vigorous grower, and rather early. M. Chemin lately exhibited it at a meeting of the French National Horticultural Society, where it obtained a first-class certificate.

THE PULSE OF ANIMALS.—The health of animals, as well as that of human beings, may often be guessed at very shrewdly by simply feeling their pulse. (*Popular Science News.*) In a horse, a good and strong but quiet pulse beats forty times a minute; in an ox, fifty to fifty-five; in sheep and pigs, not less than seventy, nor more than eighty, for ordinary health. It may be felt wherever a large artery crosses a bone. In the horse it is generally felt on the cord which crosses over the bone of the lower jaw, in front of its curved position, or in the bony ridge above the eye; and in cattle, over the middle of the first rib. In sheep it is, perhaps, easiest to place the hand on the left side, where the beating of the heart may be felt. A rapid, hard, and full pulse in stock points to inflammation and high fever; a rapid, small, and weak pulse, also to fever, but to fever accompanied by a poor and weak state of the subject. A very slow pulse in stock will often be found to indicate brain-disease, while a jumping and irregular pulse shows something wrong with the heart.

THE BEAUTIFUL SNOW.—A Swiss scientist, Floegel, is said to have found, in examining the residue from the evaporation of freshly-fallen snow, living infusoria and algæ, bacilli and micrococci, mites, diatoms, spores of fungi (in immense numbers), also fibers of wood, mouse-hairs, pieces of butterfly-wings, skin of the larvæ of insects, cotton-fibers, pieces of grass, epidermis, pollen-grains, rye and potato flour, grains of quartz, minute pieces of roofing-tiles, with bits of iron and coal. Still poets continue to use snow as a symbol of absolute purity.—*Popular Science News.*

SPECIALISM.—The Medical Record says the general practitioner will learn in time a few things which he does not seem to be able to comprehend now. One of them is that two thirds, perhaps, of the professional work done by specialists could just as well be done by general practitioners, if they would have the patience and foresight to equip themselves for it. We mean, for ex-

ample, that by diligent application for a short time, with good clinical advantages, they could learn to treat with a specialist's skill the ordinary run of diseases of the throat, skin, eye, nose, uterus, etc.

COMPRESSED TABLETS FOR PREPARING FEHLING'S SOLUTION.—We are in receipt of a sample box of the above from John Wyeth & Brother, of Philadelphia. By this method of preparing and keeping the chemicals necessary for the making of Fehling's solution, a vexed question in clinical chemistry is settled, and the best of tests for sugar in the urine is made practical and easy. The contents of the box are caustic sodium in stick sufficient to make fifty minims of the alkaline solution required by the test, two bottles, one containing potassium tartrate and the other cupric sulphate in the form of compressed tablets, and a dropping tube.

Two minims of the caustic solution with twelve minims of water, in which are dissolved by the aid of heat a tablet of potassium tartrate and one of cupric sulphate, put the test in readiness. It may be used for quantitative as well as qualitative testing, can be prepared in a few minutes, will keep indefinitely, and may be carried in the medicine-case without annoyance.

CRYSTALLINE OXYGEN AND LIQUID NITROGEN.—From a report of a communication made by M. Debray to the Académie des Sciences, it seems that oxygen has been liquefied by being submitted to great pressure, and that when this pressure is suddenly withdrawn the lowering of temperature is so great that crystals of oxygen appear in the liquid mass, and the nitrogen in contact with the oxygen assumes the liquid state.—*Lancet.*

NEPHRECTOMY.—Dr. William MacEwen, of Glasgow, says the British Medical Journal, removed the right kidney of a lad, aged eleven years, at the Royal Infirmary, on the 24th ult. The case was one of renal calculi and a large lumbar abscess. The patient has made excellent progress since the operation, and is now practically well.

BERMINGHAM & Co., Medical Publishers, of 28 Union Square, who made an assignment on the 19th instant, have resumed business, the temporary embarrassment which caused the assignment having been removed, and the assignee having re-assigned to said firm.

The Louisville Medical News.

Vol. XVII SATURDAY, FEB. 9, 1884.

No. 6

L. P. VANDELL, M.D., - - - - - } Editors.
H. A. COTTELL, M.D., - - - - - }

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AN EPIDEMIO OF TRICHINOSIS.

The Lancet of January 12th, gives an account of a serious outbreak of trichinosis in the neighborhood of Halberstadt, Germany, from which it appears that one butcher was able by the distribution of the flesh of an infected pig, through the medium of a minced compound, to afflict trichinosis upon two hundred and fifty persons in the village of Emersleben, and forty-two in Deesdorf. Among the two hundred and fifty sufferers more than forty deaths occurred, and of the forty-two nine died. This to a man of ordinary ambition would have been a result sufficiently brilliant for one small transaction; but it appears that the unsold remains of the compound were further minced with fresh pork and made to reach eighty more ill-fated customers, who suffered from the parasite, but without fatal result. As might be expected, the people among whom the disease had way ate the pork either raw or but slightly cooked, a barbarous custom, which neither the warnings given by occasional outbreaks of this terrible disease among them, nor the remonstrances of the hygienist, can reform among the common people of Germany.

A surprising feature of this epidemic is that it brings to light a weakness in the ad-

ministration of hygienic affairs which we should suppose was not possible in a country where the officials seem to live in dread of trichinosis from meat of foreign importation. Every town is provided with an inspector of foods; but, in one of the places afflicted by the outbreak, this important dignitary is a barber, while in the other the office is filled by a peasant. In a land where so much importance is attached to the revelations of the microscope, and where the common people are traditionally fond of raw meat, it is almost incredible that inspectors who in all probability do not know one end of the microscope from the other, should be appointed by the Government to do special sanitary work, while the conviction is forced upon us that hygienic economy may be here exhibited with possibly too much economy for the good of the people.

The report says, further, that the butcher and the inspector (the scientific barber) in the town where the epidemic was most marked both partook of the meat and were made by it seriously ill. That they were not both ticketed for a passage with the victims which their criminal ignorance consigned to the care of the pale boatman is but another instance of the injustice of fate.

From a report of the epidemic, prepared with great care, as a result of local inquiry, by Dr. Brouardel, and published in Paris, some advance in our knowledge of conditions which may reduce the vitality of the parasite and modify the disease engendered by it seems to have been gained. The points of especial interest made known by these researches are:

1. That trichinous meat is most potent for evil when consumed within twenty-four hours after the death of the infected animal. Among those who ate the meat thus early there was a mortality of thirty-three per cent, while the fatal results were less and less marked as the time between the killing of the pig and the eating of its meat was lengthened, "until, when the sixth day was reached, sickness alone, without a single death, supervened."

2. That while sex does not influence results, children resist the influence of the parasite much more effectively than do adults, old people suffering most of all.

While the second of Dr. Brouardel's conclusions is of much interest to the physician who may be called upon to prognose trichinosis, the first is more important, because far-reaching, in its hygienic bearings, and raises the question as to whether the curing of pork by salting and smoking does not reduce the danger of trichinous infection in the consumer of such meats to a point which is practically zero.

If such be the case, and the conclusion would seem to be borne out by the rare occurrence of the disease in this country, where cured pork is the kind most commonly eaten, and where among our German population much raw or under-done ham and bacon is consumed, then the prohibition laws against American pork in France and Germany are without reasonable grounds.

In the light of the recent epidemic it would seem that the authorities of the latter country, at least, might do their people a great service by turning the attention of their excellent scientific observers away from the American product, in which the occasional trichinae there found have probably been rendered harmless by time, chloride of sodium, and creasote, to the fresh meats of their own land, where ignorant or unscrupulous butchers and incompetent inspectors may at any time suffer an epidemic, like that of Emersleben and Deesdorf, to do its fatal work among the common people, who, with senses indifferent to the savory qualities of well-cooked meats, devour raw pork in scorn of the trichina-spiralis, and without let or hindrance from competent sanitary authority.

There may be possibly a "mote in thy brother's eye," though the microscope of Prof. Virchow* has failed to find it; but

*An interview with Professor Virchow was announced by cable to the Herald, January 14th, in which it is stated that this eminent pathologist condemns as utterly illogical, unnecessary, and unjustifiable from sanitary reasons, the present prohibition against American pork in Germany and France. He further says that no cases of trichinæ in American pork have been proved to exist in Germany for ten years.—*N. Y. Medical Record*, Jan. 19, 1884.

"the beam in thine own eye" has waxed so gross that it may be seen by all the world, at all distances, without telescopes, microscopes, goggles, or other optical instruments of precision.

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The *Analectic*, a monthly Perioscopic summary of the Progress of Medical Science. Edited by Walter S. Wells, M. D. Vol. 1, No. 1. Price, \$2.50 per year. New York: G. P. Putnam's Sons.

As above indicated, this journal is made up entirely of extracts and abstracts from various home and foreign journals. The editor has arranged his articles so as to make them fall under a comprehensive classification adopted as a table of contents. This is a striking feature of the journal, and will be duly appreciated by the physician. The articles are brief, and show that much care, good judgment, and good sense have been exercised in their selection. The journal is a most interesting specimen of its kind, and we welcome it among our exchanges.

The *Texas Courier-Record of Medicine*. Edited by Drs. Daniel and Brooks, of Fort Worth. Subscription price, \$2.00 per year.

This excellent new journal enters our exchange-list with our best wishes. Its original articles and selected matter are of the best character, and we judge from the tone of its editorials that the cause of medical reform will find in the new ally an able and arduous worker. Success to our Southern friend!

A *Treatise on Pharmacy*: designed as a Text-Book for the Student, and as a Guide for the Physician and Pharmacist, containing the official and many unofficial formulas, and numerous examples of extemporaneous prescriptions. By Edward Parrish, late Professor of the Theory and Practice of Pharmacy in the Philadelphia College of Pharmacy, Member of the Academy of Natural Sciences of Philadelphia, etc. Fifth edition. Enlarged and thoroughly revised. By Thos. S. Wiegand, graduate of the Philadelphia College of Pharmacy. With two hundred and fifty-six illustrations. Philadelphia: Henry C. Lea's Son & Co. 1884.

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Medical Societies.

NEW YORK NEUROLOGICAL SOCIETY.

Stated meeting, January 8, 1884. Dr. William J. Morton, President, in the chair.

NOTE ON THE USE OF THE MENTHOL CONE AS AN ANODYNE.—Dr. E. C. Wendt showed a little contrivance, called by the Germans "*Migräne Stift*," and explained the method of its application and uses. It consisted of a piece of menthol molded into a conical shape and secured in a little wooden box, closed by a cover to prevent evaporation, soiling, and breaking. It seemed to be very little known here, although it was much used abroad especially for a sick headache.

His attention had been first directed to the anodyne properties of menthol by a short notice in the Medical Record of April 28, 1883, by Dr. Cammann.

That gentleman had recommended an alcoholic solution of menthol (one dram to one half ounce alcohol) to be painted over the affected parts. Dr. Wendt had, since that time, often used this solution, and found it a rather reliable anodyne.

Its action is restricted to the slighter ailments, especially those of a neuralgic character. Since his acquaintance with the solid menthol-cone, Dr. Wendt had frequently substituted it for the solution formerly employed. He admitted that the only advantage of a solid cone or pencil over the solution was in the simplicity of its application, its ready portability, and the fact that its vapor was not apt to irritate the eyes in susceptible patients.

In this country menthol has not received the recognition from the profession which it deserved. Little seems to be known about it, and for this reason Dr. Wendt quoted a descriptive notice of the drug from the Midland Medical Miscellany, of October, 1883: "Menthol or Menthyl alcohol, $C_{10}H_{20}O$, is a crystalline substance, deposited from the oil of peppermint, prepared in China and Japan from *Mentha Arvensis* var. *piperascens* and *glabrata*."

It is a white crystalline stearoptene, melting when pure at 97° Fahrenheit, and is obtained by the Japanese by submitting the oil to freezing several times in succession until no more menthol crystallizes out.

It is also said to be contained in the American and English oils of peppermint, but probably in small quantities only. It is somewhat surprising that the Japanese peppermint plant, which is grown in England as a curiosity, has not been cultivated in that country as a source of the drug, the supply of menthol being uncertain, the demand great, and the price in consequence occasionally very high.

Menthol is said to be sometimes adulterated with crystals of Epsom-salt, to which it bears a great resemblance. This being insoluble in alcohol or chloroform, in which fluid menthol is freely soluble, can easily be detected. Samples of fine crystals sometimes contain some essential oil adhering to them, a fact which must be taken into consideration when the menthol is made into cones or pencils.

Menthol is but slightly soluble in water, although imparting a strong odor and taste to that liquid, and is insoluble in aqueous alkalies. It is soluble in fixed volatile oils.

Although Dr. Wendt's experience with menthol has not yet been great, it has nevertheless been sufficient to convince him of the utility of the drug in a large class of cases. Thus, as already stated, he has found it a pleasant and reliable anodyne in all the lesser neuralgias, and especially in those occurring about the face. But it is also serviceable in many painful affections due to inflammation. For example, in mumps, in the cervical adenitis so often accompanying sore throat, and in numerous other affections where pain is a prominent symptom menthol may be used to advantage. With regard to its topical action it is similar to that of aconite, over which it has the advantage of not being poisonous.

Dr. Wendt remembered one striking case of severe supraorbital neuralgia which re-

sisted the oleate of aconitia, but was much benefited by menthol. In violent attacks he found it almost useless. In typical migraine, for instance, where the pain was at all severe, and in all deep-seated aches of more than very moderate intensity it had no appreciable effect, except perhaps the indirect psychical action of distracting the sufferer's attention.

In the discussion which followed, Dr. Roberts asked Dr. Wendt if he had tried the prolonged application of menthol.

Dr. Wendt said that he had in some cases of hemicrania, though without decided benefit. Nevertheless the patients had a pleasant sensation of coolness on the surface followed by an agreeable warmth.

Dr. Morton asked in what sense Dr. Wendt had used the word anodyne. The speaker answered, in the sense of affording relief from pain by blunting sensibility.

Dr. Morton thought that menthol probably acted more after the manner of a counter-irritant, by insuring relief in a reflex rather than in a directly local way. Mustard was a typical peripheral nerve-irritant, and it seemed to him that the action of menthol could be best explained on the same principle, of procuring peripheral nerve-impressions in a reflex way.

Dr. Morton said that his attention had been first called to the menthol-cone by Dr. Wendt, in whose office he chanced to be one day, when suffering from a headache. A few strokes of the menthol gave him at once a sense of relief. The peppermint was as gratefully cooling as the application of a cold metal. In brachial neuralgia, as well as in sciatica he had been pleased with the good effects of menthol. He thought that drug was deserving of further trial.

Correspondence.

[FROM OUR SPECIAL CORRESPONDENT.]

PARIS LETTER.

Editors Louisville Medical News:

Dr. Bonnafont, a retired medical officer, and who had been for many years inspector general of hospitals of the French army in Algeria, lately made a very interesting communication, at a meeting of the "Société Française d'Hygiène," on the part played by the roots of the eucalyptus in rendering malarious districts healthy. According to his opinion and the experience of the principal medical men of Algiers, this salutary

effect is brought about, not by the balsamic emanations of the tree, as has been for a long time supposed, but by the absorbing properties of the roots, which thus not only remove the damp, but purify the soil and water within their reach. It is true that the same may take place with other roots, but nothing to the extent effected by those of the eucalyptus, which, by their extreme length, reach to a much greater distance and depth than the roots of other trees even of equal height and size, thus acting like so many drains. For these reasons Dr. Bonnafont recommends the planting of the eucalyptus in every available space where the tree will grow, not only as an ornament, but for sanitary purposes.

The same author read a paper before the Academy of Sciences on cholera, and, as whatever can be said on the subject will always be of interest to the profession, I transcribe the conclusions deduced from his experience of the malady:

1. Cholera is of Indian origin, the same as the yellow fever of America, and the intermittent and pernicious fevers of Africa have been engendered in those countries respectively, and can not be acclimatized in other parts without the germs of the malady being conveyed by atmospheric currents or other vehicle, but more frequently by the atmosphere.

2. As with fevers, cholera, generated in an insanitary condition of the soil, will disappear whenever the decomposition of animal and vegetable matters is remedied or prevented.

3. The results may be obtained with all epidemics under the influence of the same principle, except the primitive special elements inherent to each country, as have been obtained with the yellow and intermittent fevers, by improving the condition of the soil, either by draining off the water or by having the soil constantly and completely immersed. All fermentation and zymotic evaporation of importance are thus rendered impossible.

4. Secondary epidemics may be produced in places already infected; but, unless in certain exceptional cases they will have only very rarely the character of the true algid cholera, and these epidemics will always go on diminishing in intensity until they are completely extinguished, provided the toxic element is not reinforced by a new invasion emanating from the seat of origin.

5. It is not by the dead bodies of animals abandoned by the pilgrims that incur-

sions of this epidemic are caused, as the practice has existed from time immemorial among these people, and Asiatic cholera did not make its appearance in Europe, Africa, and America till the commencement of this century.

6. The cause of these incursions which have become so frequent and so deadly is elsewhere.

7. To combat this plague it is necessary to direct improvements toward the country from whence it arises, and to apply the remedies to the source itself where it is developed. These measures, if applied elsewhere, however completely and intelligently they may be done, will only be attended with more or less negative results. The measures that have been taken and which are still being taken reminded the author of the agriculturist who, to relieve his house of the shade caused by the trees with which it was surrounded, contented himself with simply lopping the branches from time to time instead of directly attacking the trees by their roots. If these improvements were effected in the cholera-generating countries, quarantines, which are of doubtful efficacy, but so necessary in a social point of view, would not be required.

8. As the English are in a great measure responsible for the insanitary condition of India, owing to their utter neglect of the proper drainage and irrigation of the country, so effectively carried out before their rule, it is incumbent on them to effect such improvements as may be necessary, and thus prevent the periodical outbreaks of cholera in that country, and its incursions in Europe.

Whether human longevity is really greater than it was in the times of yore, or whether it is that only the instances that occur from time to time are now brought more prominently to notice, I am not in a position to say; but one thing is certain, that within the last few years a great number of centenarians have been registered in the papers of this country and of other parts of the continent of Europe. I find by my notes that in France alone, and during the last twelve months, there have been several centenarians registered; but, as they were not all duly authenticated, I send you a list of only a few which are considered authentic, as you seem to be interested in such investigations. In March last the death of Madame Davoust, at Lisieux, was announced, at the age of 102 years. On the 9th of November last Madame Pidault died, at Moul-

lins-Engilbert, in the 118th year of her age. She was born on the 21st of April, 1766. Madame Fanny Meyer died at Toulouse at the age of 108. She was, within a few days of her death, in full possession of her mental faculties. Monsieur Crouzat died at Paris on the 23d of December, 1883, aged 103. He also preserved his mental faculties intact to the last. Another case of extraordinary longevity is given: Madame Pouchard, who was born at Lys on the 12th of December, 1763, is still alive and residing at Verneuil, in the Department of Oise. She is in consequence 120 years old, is still in the enjoyment of good health and all her mental faculties. She is, however, rather deaf. On the 14th instant, Monsieur Aron Lisbonne died at Carpentras, aged 106 years. He was born in 1778, of Jewish parents, and was the uncle on his father's side of Monsieur Lisbonne, former Deputy for the Department of the Hérault. He leaves a younger brother, 96 years of age, who is living at Nyons.

The following anecdote is related of a centenarian, which may be found interesting: A barrel of wine was sent to a gentleman living at Pougues, and when the porter reached his house he went straight up to a gentleman quite gray, standing in the courtyard, as he was apprised that the gentleman was advanced in years. The porter handed him a letter, which he directed him to take to another old gentleman standing hard by, who, to the party's great surprise, he said was his father, for whom the wine was intended. The gentleman first addressed was in March last 82 years old; he has a brother 75, and his father is 102 years of age—all three living together.

In the same month, that is, March last, Baron Cloquet, the eminent anatomist and surgeon, died at the age of ninety-four. There is now living another "savant" who has reached a green old age. I allude to Monsieur Chevreul, the illustrious chemist, who is now in his ninety-ninth year. He was for more than half a century director of the laboratory of the Gobelins Manufactory, from which he has just been obliged to retire. This uncalled for measure, which has grieved M. Chevreul profoundly, has caused no little disaffection among his friends and the public, and in order to afford him some consolation the Minister of Public Instruction has allowed him to retain the honorary appointment with the emoluments attached to it. The Municipal Council of Paris, however, wishing to repair the

injury that has been done to the venerable savant, has given his name to a street in the capital of France.

Dr. Straus Agrégé, of the Paris Faculty of Medicine, and Dr. Nocard, Professor of Veterinary Medicine at Alfort, who were engaged on the cholera mission to Egypt, have been appointed Chevaliers of the Legion of Honor.

* PARIS, January 18, 1884.

Selections.

ON FLAT-FOOT AND ITS CURE BY OPERATION.—Dr. Alexander Ogston, Medical Society of London, January 14th, read a paper, in which, after emphasizing the fruitlessness of the ordinary and usual methods of treatment, he entered into a discussion of the causes of flat-foot, and the mechanism of its production. The appearances observed in it were held to be due to a falling down of the inner side of the plantar arch, and this was mainly owing to a yielding of the astragalo-scapoid joint in the sense of dorsal flexion. The deformity, in his experience, generally occurred in connection with rachitis adolescentium. Of this, evidence was found in rickety knottings of the bones, and other symptoms of rickets; as a rule, there had also been an amount of labor beyond the strength; in one boy, however, who was very fat, the flat-foot appeared at eight, without any other apparent cause. Pes valgus was a misleading term; the valgus was not a necessary part of the deformity. Valgus-ankle also was a different deformity; it was seen in young girls, and caused so much displacement at the ankle-joint that the malleoli struck each other in walking. In true flat-foot, on the other hand, the ankle-joint did not participate, but the arch of the foot became unfolded so as to touch the ground along the whole inner border. Examination of a foot in this condition might show relaxation of all joints, but especially and in great degree in the astragalo-scapoid joint. When deformity existed to only a slight degree, it might disappear at once on lifting the foot from the ground. A slight aching pain was complained of; and in such cases an error of diagnosis was very liable to occur, owing to the condition of flat-foot only being present when the foot was on the ground being overlooked. In process of time, the deformity became permanent, and no longer disappeared when the weight

of the body was taken off. Alteration in the shape of the bones finally occurred, so that, even by the use of force, the arch of the foot could not be restored. The relaxation of the astragalo-scapoid joint and the alteration in the bones were, he considered, the key to the deformity. As a secondary event, deformity of the great toe occurred, and, in extreme cases, the form of the foot was so altered as to become "canoe-shaped," the calcaneum being so displaced, the posterior part being tilted upward, that the heel could not be brought to the ground. The cure was arrived at by causing ankylosis at the astragalo-scapoid joint after it had been restored to position. Several methods having this object in view had been tried, but the best results had been obtained by the following operation: An incision was made on the inner border of the foot, parallel to the sole and over the joint; the joint was freely opened; the surfaces of the scapoid and astragalus were denuded of their articular cartilage; the arch of the foot was restored to position, and the joint fixed by ivory pegs passing through the two bones. In some cases the patient had been able to walk in two months, but as bony union occurred slowly in persons liable to flat-foot, he considered three months' rest in stiff bandages necessary to insure bony ankylosis after the operation. In one patient only a little tenderness remained for some time, and, five months after the operation, one of the ivory pegs was extruded through a small painless sinus. The operation proved successful in seventeen cases performed on ten patients. The plantar was not generally completely cured, but all the patients, with the exception of the man in whom the peg was extruded, considered themselves, when seen at considerable intervals after operation, cured. He observed the strictest antiseptic precautions (Listerian). Mr. W. Adams testified to the accuracy of Dr. Ogston's account of the excellent result of his operation, having seen a number of cases, on one occasion, in Aberdeen. Mr. Bryant thought that the operation was a valuable one to be applied to suitable, that was, to severe cases. A very similar operation had been performed by Mr. Golding Bird. Mr. H. F. Baker advocated the division of tendons in severe flat-foot. Mr. Davy did not feel convinced of the utility of the operation recommended by Professor Ogston. He looked with disfavor on any operation which tended to diminish the elasticity of the inner three fifths of the foot, and felt

skeptical as to the permanent benefit likely to be derived from it. Sir Joseph Fayrer thought the operation promised to give great relief in some cases. He inquired whether any thing could be done to remedy and prevent the aggravation of flat-foot in young children before the structural changes had taken place. Dr. Ogston said that in none of the cases had contraction of the tendons been a prominent symptom. He had no experience of the operation in very severe, aggravated cases, where the deformity amounted to the canoe-shaped foot. With regard to the question as to what became of the ivory pegs, he observed that Reidinger and Trendelenburg had shown that ivory pegs might become eroded and vascularized, but the occurrence had never come under his observation. His operation had been performed on "adolescents" between the ages of thirteen and seventeen, or a little older. He had never, in any of his cases, met with a rise of temperature above 100° Fahr., or any symptoms of fever.

PICRIC ACID AS A TEST FOR ALBUMEN.—

Dr. George Johnson, F. R. S., writes, in the *British Medical Journal*: In the *Journal* of January 5th (p. 10) there appeared an abstract from the *Maryland Medical Journal*, to the effect that Drs. Cook and Watkins had found that the urine of patients taking cinchonidia "gives the same reaction, with picric acid, as if they had albuminuria." If this is really the conclusion at which these observers have arrived, they must be unaware of the facts mentioned in my lecture, published in the *Journal*, December 8, 1883 (p. 1106), that "most of the vegetable alkaloids, such as morphia, atropine, etc., are precipitated by picric acid, and by the potassio-mercuric iodide; but quinine is the only one which is likely to be taken in sufficient quantity to render the urine opalescent with either of these tests, and then the complete clearance by heat at once distinguishes it from an albuminous precipitate." One of my pupils, a healthy young man, volunteered to swallow ten grains of sulphate of cinchonidia in water. The urine passed two hours afterward was rendered opaque and milky by picric acid, but the transparency was completely restored by boiling, which is the exact converse of what happens when albuminous urine which has been rendered opaque by picric acid is exposed to heat. I repeat here a statement which I made in the lecture before referred

to: "There is no known substance occurring in either normal or abnormal urine, except albumen, which gives a precipitate with picric acid insoluble by the subsequent application of heat."

The statement of the American observers that "the urine of patients taking cinchonidia gives the same reaction with picric acid as if they had albuminuria," is not less misleading and absurd than would be the assertion that "the urine of patients taking alkalies or the alkaline salts with vegetable acids, for example, citrate or tartrate of potash gives the same reaction with heat as if they had albuminuria," such an assertion implying ignorance of the fact that the turbidity produced by boiling neutral, or alkaline urine, is due to a deposit of phosphates, which is distinguished from one of albumen by its ready solubility on the addition of a minute quantity of acid, whether vegetable or mineral.

ELECTROLYSIS IN THE TREATMENT OF DRACUNCULUS.—Dr. J. W. Reynolds, late Port-Surgeon, Bombay, commenting in the British Medical Journal on Dr. Falkner's use of electrolysis in the removal of guinea-worm, which he says is an old treatment, gives the following reminiscences: Twenty-five years ago I had many opportunities, personally and otherwise, of extracting guinea-worms. In Bombay, in those days, one or two barbers had quite given up their legitimate occupation and taken to extracting worms. A barber took five out of my legs very cleverly; most of them were extracted at one sitting, but two, one in each foot, held on with their hooks, and he had to leave them till the next day, when he got them out. His stock of instruments consisted of a needle and a razor; he commenced operations by finding, as near as he could guess, the center of the worm; then he raised the skin over the center of the worm on the point of the needle, passed the razor under it, and snipped off a tiny bit of cuticle, making an almost circular cut the size of a large pin's head. By raising almost invisible pieces of skin and tissue, and slicing them away with the razor, he deepened but did not increase the area of the hole till he saw the white worm at the bottom, then passed the eye of the needle (like a tenaculum) under it and brought up a loop. He pulled on the two sides alternately till he had got one end out, then he dealt with the other. When he found the hook had been made use of, he

applied heat and friction to make it yield its hold. If galvanism were applied instead of heat, the worm would not hold on long.

The inflammation and suppuration set up when a worm is broken, is due to the myriads of very minute worms, found in their abdomens.

There are various theories as to how the worms get into the human body. My opinion is that they enter by the pores of the skin, for I attribute my being infested with them to having walked barefoot over a half-dried stubble paddy-field. They made me aware of their presence about six months afterward. The water-carriers in Bombay frequently have them in their backs. One European patient of mine had a worm in his scrotum, which he attributed to sitting too long in his bath.

About thirty years ago Bombay was supplied with water from wells, some of which were more infested with worms than others. Afterward the supply came from an artificial reservoir about twelve miles off, so perhaps, guinea-worms are not so common as they used to be.

MODIFIED GLANDERS IN MAN.—Under the care of Mr. Arthur Marsack, L. R. C. P., L. R. C. S. (The Medical Press): A household of nine people, three of whom are adults, and the rest children, ranging in age from three months to twelve years, were attacked by the following symptoms: All of them had felt unwell for a few days, and had had diarrhea in a more or less severe form, the adults being more affected than the children. Without any rigors or marked change in the temperature, this attack of diarrhea was followed by swelling of the sub-lingual and sub-maxillary glands, a thin and afterward thick discharge from the nostrils which stained the handkerchief yellow, and simple ophthalmia (conjunctivitis) of one or both eyes—in seven of the cases of one eye first and then the other—and a pustular eruption on the face, especially below the eye and nose, the surrounding skin being of a bright red color. Only one of the adults had this eruption, but all of the children were affected with it; the youngest of all, a baby of three months, had it below the chin in the folds of the neck where it discharged profusely.

In the children all the symptoms, except the diarrhea, were more marked than in the adults, and their effects more lasting. The swelling of the glands was in every case of a sub-acute type, and suppuration did not

take place in any one case. There were no rigors, and there was no rise in temperature to usher in any of these symptoms, and in most cases the conjunctivitis coexisted with the eruption and the swelling of the glands. The conjunctivitis lasted from five to seven days in the adults, and from nine to twenty-one days in the children; the discharge from the nose about ten days; the glandular enlargement nearly a month; and the eruption, which, although it coexisted with the other symptoms, has not in all cases disappeared, some traces of it still remaining in the younger children (six weeks from its commencement). The local treatment was a lotion of zinci sulphas (grs. ij ad oz. j) for the eyes, bread poultices to soften and clean up the discharges from the eruption, which latter was afterward treated with unguentum zinci. Internally, the syrup of the iodide of iron was given in varying doses, proportionate to the age of the patient, and change of air was prescribed, with most beneficial results.

Remarks. My reasons for thinking the above to be cases of modified glanders are the following: The house, the inmates of which were affected, lies in a valley, and on the hill facing it there is a slaughter-house where horses are killed for dogs' meat. The entrails, etc., of these horses are buried in a loose soil composed of decayed leaves, and the rain we had in the summer and autumn would be sufficient to wash the decomposing remains into the valley, which is so well protected by trees that the sun has little opportunity of striking into the ground until the leaves have fallen. Unfortunately, in the interest of science, there are no other animals, except human beings, in this small valley which would be affected by glanders, and as the men in charge of the slaughter-house deny that any but healthy horses were killed there, I have no conclusive proof that this disease, which I have endeavored to describe, is modified or attenuated glanders, but the experiments of Pasteur and others have shown that the bodies of diseased animals propagate through the soil the diseases from which they suffered, in an attenuated form.

PERSISTENT HICCUGH TREATED BY CHLORAL.—Dr. Geo. C. Kingsbury writes, in the *British Medical Journal*: I was called to see H., aged fifty. Two days previously, while walking in the street, he suddenly became giddy, reeled, and had to cling to a railing for support. With assistance, he got

into a cab and was brought home. During the night he began to hiccough, at first occasionally, but soon very frequently.

When seen, it was forty-eight hours after his attack in the street, and forty hours since the hiccough began. He had purged himself, produced vomiting, and blistered his abdomen, but without relief.

Bromide of potassium, belladonna, camphor, acetic acid, spirits of chloroform, hydrocyanic acid, fetid spirits of ammonia, morphia, pressure on the phrenic nerve and over the epigastrium, were all tried. None had any effect, even large doses of morphia, hypodermically, only producing sleep, during which the hiccough continued as before.

After twelve days' incessant suffering, thirty grains of chloral-hydrate induced sound and undisturbed sleep for six hours, and the patient awakened, free from his tormentor.

I have since had several opportunities of trying chloral under similar circumstances, and have always found that a liberal administration of this drug produced prompt relief.

Leavitt recommended chloral for hiccough in the *Medical and Chirurgial Review* of 1871.

DIPSOMANIA.—Dr. J. Muir Howie, of Liverpool, highly recommends, in the *British Medical Journal*, the following treatment: My experience in connection with the Home for Inebriate Women supports the exhibition of the bromides to the subjects of dipsomania. In this institution, our aim is to establish a healthy condition of nervous system by means of good food, fresh air, and cheerful surroundings, avoiding, as far as possible, the use of drugs of any kind. There are cases, however, in which at times the "nervous irritability" becomes so intense as to demand special remedies for its immediate relief. In such cases, I am in the habit of prescribing a draught containing from fifteen to sixty grains of bromide of potassium, and from fifteen to sixty minims of aromatic spirit of ammonia, in water, to be given every six or twelve hours, for two or three days, or until the "nervous equilibrium" is restored. It is much better to give large doses at long intervals than small doses frequently. Under this treatment, I have seen the attacks of drink-craving become less and less frequent until they have completely disappeared. Of course, there are many cases in which every form

of treatment is utterly unavailing. I remember one man, in my private practice, whose attacks were gradually lessened to one per annum, but who was never completely cured. This was demonstrated by his giving way to temptation during his annual attack one summer, while I was out of town; although by means of bromide and sal volatile he had been maintained in abstinence for over five years previously.

TRICHINOSIS.—The British Medical Journal says: The attacks begin with violent "choleraic" irritation of stomach and bowels, then follow acute pains in the muscles and prostration, without the characteristic temperature-phenomena of enteric fever, and lastly, extreme cachexia, with edema of the subcutaneous connective tissue every where, and edema of the lungs, causing dyspnea. Yet albuminuria is generally absent. Each stage might be mistaken, but the order is pathognomic. Treatment: Since the gastro-intestinal irritation is caused by the enormous multiplication of the worms, which, dormant in their previously encysted state, have been liberated by the digestive juices, the plain indication is to evacuate the whole canal as speedily and completely as possible. Whether any one aperient has special vermicide properties we can not say. The use of strong wines or spirits in large doses, as successfully pursued by the toper of Emersleben, and in other cases of which we have heard, would be justifiable so long as any trichinae remained. But when they have entered the circulation and the substance of the muscular tissue no special treatment is available. The patient's sufferings must be relieved and his strength supported, so far as possible, until the encysting of the adult worms renders them once more inactive.

TREATMENT OF WENS BY ETHER INJECTIONS.—(The Medical Press.) A communication to the *Bull. Gén. de Thérap.*, by Dr. Lemoyez, discusses the different methods of treatment of sebaceous cysts of the face and scalp, and recommends parenchymatous injections of pure sulphuric ether. A case is reported of a man who was relieved of a wen of five years' growth by ten hypodermic injections of ether practiced at intervals of a day or two. The result was the conversion of the tumor into a cyst with fluid contents, the evacuation of the same, and speedy destruction of the cyst-wall by inflammatory action. In the case quoted,

the treatment resulted in a perfect cure in a month, without keeping the patient in bed or restricting his movements as would have been required by the ordinary operation.

The advantages claimed for this method are its simplicity, painlessness, and efficiency, without exposing the patient to the risk of a surgical operation or in any way interfering with his business. The injections are made into the interior of the cyst, five or ten drops at each sitting, the needle of the hypodermic syringe being moved about so as to break up the contents as much as possible. They are discontinued when inflammation or suppuration begins.

THE NERVI NERVORUM.—In the last Bradshawe lecture before the College of Surgeons, Mr. Marshall forcibly supported the theory of sensory nerves in the sheaths of mixed nerves, although their existence had never been demonstrated. (British Medical Journal). We understand that Mr. Victor Horsly, the surgical registrar at University College Hospital, has since ascertained that in the perineum there are not only sensory nerve-fibers, but also "tactile corpuscles," or "end-bulbs."

AURAL DEFECTS IN SCHOOL-CHILDREN.—Of late years a Berlin aurist has conceived the practical idea of examining the ears of the school-children, and has ascertained that, of five thousand nine hundred and five children, one thousand three hundred and ninety-two were affected with diseases of the ear.

FREE SERVICE.—In Philadelphia twenty per cent of the professional work done is given without charge to the public.—*Gaillard's Medical Journal*.

ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes in the Stations and Duties of Officers serving in the Medical Department, U. S. A., from January 26, 1884, to February 2, 1884.

Alexander, Charles T., Major and Surgeon: So much of Par. 7, S. O. 211, September 14, 1883, as directs him to report in person to the Commanding General Department of the Missouri, for duty, is revoked, and he will, upon the expiration of his present leave of absence, proceed to St. Louis, Mo., and assume duty as attending surgeon and examiner of recruits in that city. (Par. 1, S. O. 21, A. G. O., January 25, 1884.) *Elbrey, Frederick W.*, Captain and Assistant Surgeon, present leave of absence extended six months. (Par. 9, S. O. 24, A. G. O., January 25, 1884.)